

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059976

FILED
Feb 27, 2009
Secretary of State

Entity Name: COUNTRYSIDE VETERINARY CARE, P.A.

Current Principal Place of Business:

1250 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1250 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 02-0616051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAKS, DEBORAH R
7103 SW 102ND AVENUE
STE A
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

WAKS, DEBORAH R
9900 SW 107 AVENUE
SUITE 101
MIAMI, FL 33173 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORAH R. WAKS

02/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREENE, ARTHUR L DVM
Address: 1250 NORTH FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: WAKS, DEBORAH R
Address: 1250 NORTH FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L. GREENE

DR

02/27/2009

Electronic Signature of Signing Officer or Director

Date